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# Discrimination and Abuses: The impact on the Mental and General Health Conditions of Gay, Lesbian, Bisexual, and Transgender Populations in Ghana

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***Abstract***

*Despite the growing acceptance of lesbian, gay, bisexual, and transgender (LGBT) in the world, homosexuality in Ghana is illegal. LGBTs in Ghana are subjected to myriads of discrimination and abuses. The purpose of this study was to examine the impact discrimination and abuses faced by the LGBTs have on their mental and general health conditions. A total of 494 self-identified LGBTs, recruited via non-probability sampling technique of snow-ball participated in the study. The survey included four categories of survey items: demographic information, forms of discrimination and abuses, general health, and mental health. The findings of the study indicated that the major forms of discrimination and abuses faced by the LGBTs are of legal, social and employment forms. The findings of the study revealed that LGBT individuals in Ghana experience somatization, depression, and anxiety several days. On the contrary, a significant proportion 218(48.3%) of the LGBTs considered themselves to be in good general health condition. A simple linear regression analysis performed to examine the impact the discrimination and abuses faced by the LGBTs have on their mental and general health conditions revealed that the legal, employment, and family discrimination and abuses faced by the LGBTs have a detrimental effect on the psychological distress of anxiety, somatization, and depression of the LGBTs. It is recommended that policies and laws against LGBTs in Ghana be changed to allow for their acceptance, otherwise LGBTs in Ghana will continue to experience discriminations and abuses which will have negative effects on their mental and general health.*

***Keywords:*** *Homosexuality, sexual orientation, discrimination, abuses, LGBTs, Ghana.*

## Introduction

Worldwide, lesbian, gay, bisexual and transgender (LGBT) persons experience vast amounts of discrimination, harassment and victimization from society. In addition, many places in the world do not provide a safe environment for people of sexual minorities to live and express their orientation freely. In many parts of the world, being lesbian, gay, bisexual or transgender (LGBT) is not seen as a right, but as a wrong. Homosexuality is considered a sin or an illness, a social or ideological deviation, or a betrayal of one's culture. Whereas most governments either deny practicing human rights violations or portray them as rare aberrations, the repression that LGBT people face is often openly and passionately defended in the name of culture, religion, morality or public health, and facilitated by specific legal provisions (US Department of State, 2011).

The abuses against lesbian, gay, bisexual or transgender (LGBT) violates the basic human rights protected under international standards including the International Covenant on Civil and Political Rights (ICCPR), the International Covenant on Economic, Social and Cultural Rights, the Universal Declaration of Human Rights, and the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. International law prohibits not only torture, but also acts which do not amount to torture, but nevertheless constitute "cruel, inhuman or degrading treatment or punishment" (ill-treatment). This prohibition is absolute and applies in all circumstances. Unfortunately, laws criminalizing LGBT exist on all continents, albeit in different forms (Human

Right Watch, 2008). By institutionalizing discrimination, they act as an official incitement to violence against LGBT people in the community as a whole, whether in custody, in prison, on the street or in the home. By stripping a sector of the population of their full rights, they also deprive LGBT victims of torture or ill-treatment of access to redress and allow their torturers to continue abusing others with impunity (Amnesty International, 2001).

LGBT individuals, like their heterosexual individuals, have a right to health. However, discrimination and abuses have restricted LGBT individuals' access to healthcare. For instance, in the United States of America, in 2010, more than half of LGBT people reported being discriminated against by a health care provider and more than 25 percent of transgender individuals reported being refused medical care outright. Health care services tailored to the LGBT community are absent in Africa. As a result of the discrimination and abuses faced by LGBT individuals, they face the higher risk of depression, anxiety, obsessive-compulsive and phobic disorders, suicidality, self-harm, and substance use among LGBT people (Diamant and Wold, 2003; Cochran and Mays, 2007; Boyd et al., 2010). There is a growing body of research that supports the theory that negative experiences resulting from LGBT stigma can lead to chronic stress that contributes to emotional distress among LGBT persons, which could lead to mental health problems (Bontempo and D'Augelli 2002; Clements-Nolle et al. 2006; Murdock and Bolch 2005).

Discrimination and abuses normally deter LGBT individuals from seeking health care from medical facilities which negatively affect their health conditions (Singh and Durso, 2017). For instance, a survey conducted by the Center for American Progress in 2017, revealed that discrimination played a role in preventing a significant number of LGBT people from seeking health care. In the year prior to the survey, 8 percent of all LGBT people - and 14 percent of those who had experienced discrimination on the basis of their sexual orientation or gender identity in the past year - avoided or postponed needed medical care because of disrespect or discrimination from health care staff. Among transgender people, 22 percent reported such avoidance (Singh and Durso, 2017). In many African countries, patients fear disclosing their sexual orientation to medical staff as they are likely to become verbally abusive or breach confidentiality. As a result of that, in Africa, men who have sex with men – whether or not they live in heterosexual relationships – are nine times more likely to have contracted HIV than other men (Amnesty International, 2013). Organizations including the Global Fund for AIDS, Malaria and Tuberculosis, the UN Human Rights Committee and UNAIDS have all documented that discrimination and abuses meted out to LGBTs have accelerated the spread of HIV (International Gay and Lesbian Human Rights Commission [IGLHRC], 2008).

In many African countries, LGBT individuals face significant discrimination and abuses. Culture and religion are often used to defend anti LGBT sentiments and the guise of "protecting minors" becomes a proxy to further advance an anti-LGBT agenda (Advocates for Youth, 2016). A recent survey by the Pew Global Attitudes Project puts discrimination and abuses against LGBT individuals in Kenya (at 90 percent), Senegal (at 96 percent), Nigeria (at 98 percent), and Uganda (at 96 percent), and Egypt (at 95 percent) showing particularly high levels of stigmatization (Pew, 2013). Access of LGBT individuals to health, education, housing, and employment is hindered across the region, regardless of the legal status of homosexuality. For instance, in Burkina Faso protesters demonstrated and effectively evicted a couple of men assumed to be gay, with no intervention from the police. This is due to the cultural stigmatization, which does not automatically disappear even after decriminalization (Rodenbough, 2014).

Ghana has a bad record when it comes to the treatment of lesbian, gay, bisexual and transgender (LGBT) people. LGBT people are very frequently victims of physical violence and psychological abuse, extortion and discrimination in many different aspects of daily life (Human Right Watch, 2018; Quaye et al., 2015; Green et al., 2015). Many LGBT Ghanaians fear disclosing their sexual identity because of the stigma associated with homosexuality – the fear of violence perpetrated by family members and others in the community and homelessness (Human Right Watch, 2018; Quaye et al., 2015; Green et al., 2015). LGBT individuals in Ghana dare not disclose their sexuality in public (Frimpong, 2018; MacDarling, 2011; Ofori,

2014; Haruna, 2015; Essien and Aderinto, 2009; Dankwa, 2009; Allotey, 2015; Human Right Watch, 2018). The legal landscape and social climate for LGBT people in Ghana have contributed to a large extent the discrimination and the abuses faced by the LGBTs in Ghana (Human Right Watch, 2018).

A number of studies have been conducted on LGBT individuals in Ghana. However, majority of these studies conducted on LGBT individuals in Ghana have focused mostly on report from the media, state institutions and laws, and public opinions, with few of these studies focused on individual cases (Human Right Watch, 2017). On the other hand, the few studies that have obtained the views of the LGBT individuals themselves have mainly focused on the various discrimination and abuses meted out to the LGBT individuals; leaving out the impact these discrimination and abuses have on the mental and general health of the LGBTs (Human Right Watch, 2018; Essien & Aderinto, 2009; Anarfi & Owusu, 2010; Nelson et al., 2015; Osafo et al, 2013; Amoah, Padmore & Gyasi, Razak, 2016). This paper therefore examines the impact the discrimination and abuses faced by the LGBT individuals have on their mental and general health conditions. Specifically, the study seeks to determine the various forms of discriminations and abuses faced by the LGBT individuals in Ghana, the mental and the general health conditions of the LGBT individuals in Ghana and the impact the discrimination and abuses have on the mental and the general health conditions of the LGBT individuals in Ghana.

## Materials and methods

### Description of the site

Ghana is one of the countries on the African continent, found on the western part of the continent. Ghana sits on the Atlantic Ocean and shares borders with Togo, Cote d'Ivoire, and Burkina Faso. Formed from the merger of the British colony of the Gold Coast and the Togoland trust territory, Ghana in 1957 became the first sub-Saharan country in colonial Africa to gain its independence. Ghana's population of approximately 30 million (Worldometers, 2019) spans a variety of ethnic, linguistic and religious groups (Ghana Statistical Service [GSS], 2018). According to the 2010 census, 71.2% of the population are Christians, 17.6% are Muslim, and 5.2% practice traditional faiths (GSS, 2013). Over the past twenty years, Ghana has made major strides as far democracy under a multi-party system is concerned, with its independent judiciary winning public trust. Ghana is ranked among the top three countries in Africa for freedom of speech and press freedom, with strong broadcast media (World Bank, 2019). However, LGBT rights in Ghana are heavily suppressed. Physical and violent homophobic attacks against LGBT people are common, often encouraged by the media and religious and political leaders. Despite the Constitution guaranteeing a right to freedom of speech, of expression and of assembly to Ghanaian citizens, these fundamental rights are actively denied to LGBT people. Same-sex relationships are a misdemeanor punishable by up to three years in prison in Ghana. According to a recent Pew survey, 98 percent of Ghanaians feel that homosexuality is “morally unacceptable,” the highest percentage of any country surveyed (Pew Research, 2013). Anti-LGBT rhetoric is rampant from prominent Ghanaian politicians and LGBT citizens face societal discrimination and the threat of violent attack.

### Instruments

The study was carried out through the use of a questionnaire. The questionnaire consisted of three sections. The first section focused on the demographics of the participants - age, ethnicity, sexual orientation, region, geographical location, working status, educational level, ethnicity, religious affiliation, and educational attainment. The second section of the questionnaire elicited information on the various forms of discrimination and abuses faced by the LGBTs in Ghana. The response format was predominantly based on a five-point scale: 1 = never, 2 = seldom, 3= sometimes, 4 = usually, 5 = always. The third section of the questionnaire measured the mental and the general health conditions of the LGBTs. The response format for the general health conditions was based on a based on a five-point scale: 1 = never, 2 = seldom, 3= sometimes, 4 = usually, 5 = always, while the mental health condition of the LGBTs was measured using the Brief Symptom Inventory 18 (BSI-18) Scale. The BSI is the short version of the SCL-R-90 (Derogatis, 1993), for the assessment of psychological distress, especially in clinical practice. The Brief Symptom Inventory with 53 items was developed by Derogatis using a factor analysis and maintaining the scale structure with

the reduced item number of the SCL-90-R (somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, anger-hostility, phobic anxiety paranoid ideation and psychoticism).The BSI-18, which is the short version of BSI-53 contains only three six-item scales somatization (SOMA), anxiety (ANX), depression (DEPR), and the global Scale Global Severity Index (GSI). Responses range from 0 (not at all) to 3(nearly every day). Contrary to the SCL-90-R and the BSI-53, the BSI-18 scores are calculated by sum scores. The GSI therefore ranges between 0 – 72 and the three scales between 0 – 24. The application studies demonstrated that the BSI-18 is a suitable instrument for measuring psychological distress and comorbidities in patients with different mental and somatic illnesses (Adams, Boscarino, & Galea, 2006; Berman, Weems, & Stickle, 2006; Carlson, et al, 2004; Coley & Hernandez, 2006; Coultas D., Frederick, Barnett, Singh, Wludyka, 2005).

**Procedure**

The participants of the study were recruited from the LGBT community all over Ghana. Non-probability sampling of Snowball sampling technique was used to select the sample for the study. The snowball sampling technique was appropriate for the study due to the fact that the LGBT individuals are a hidden population in Ghana which makes it difficult to access them. However, because they know themselves, the individuals are closely connected. As a result, one participant is likely to know others who are LGBT that make them eligible for inclusion in the study. The only disadvantage of this sampling technique is that as the participants are not selected from a sampling frame, the sample is subject to bias. For example, an LGBT individual who have many friends who are also LGBT were more likely to be recruited into the sample than those who do not have many friends who are LGBT. The study used a sample of 500 LGBT individuals all over the country. A total of 500 questionnaires were therefore sent out to the participants of the study. Of the total of 500 questionnaires sent to the LGBT individuals, 494 were retrieved and were considered usable for the study. In all, a response rate of 98.8% was achieved for the study. According to Fincham (2008), response rates approximating 60% for most research should be the goal of researchers, and for survey research intended to represent all LGBT individuals in Ghana, a response rate of at least 90% is expected. This was however achieved in this study.

**Statistical methods used**

Statistical analysis was performed using IBM SPSS Statistics version 20.0 (IBM, Armonk, NY) with a significance level of 0.05. General descriptive statistics characteristics of the participants were expressed as the mean ± standard deviation for continuous variables and as frequency (%) for categorical variables. Internal consistency reliability was analyzed by using Cronbach's alpha coefficient, and test-retest reliability was analyzed by using Spearman's rank correlation coefficient. Descriptive statistics – frequencies, percentages, mean and standard deviations were used to describe the participants' demographics, discrimination and abuses, mental health as well as the general health conditions of the LGBTs. The inferential statistics of ordinary simple linear regression analysis was carried out to determine the impact the discrimination and abuses have on the mental and the general health conditions of the LGBT individuals in Ghana. On the other hand, one-way Analysis of Variance (one-way ANOVA was used to explore differences based sexual orientation of the participants.

Cronbach's alpha coefficient 0.892 was obtained for the discrimination and abuses (legal – 0.832; social – 0.831; employment – 0.781; religious – 0.810; health – 0.798; housing – 0.842; and family – 0.801), 0.894 for the mental health conditions (Somatization – 0.804; Depression – 0.862; Anxiety – 0.799), and 0.785 for general health conditions of the participants. Spear-man's rank correlation coefficients, which were used to assess correlations between test-retest results, ranged from 0.672 to 0.879. In general, Cronbach's alpha coefficients of at least 0.6 are thought to be indicative of good reliability (Lee, Yim and Kim, 2018). Hence, the questionnaire for the study was confirmed to exhibit internal consistency for all the items.

## Results

Table 1 presents the demographics of the participants of the study. Of the total 494 participants whose questionnaires were considered usable for the study, 73.5 % (n=363) were males, while 26.5 % (n=131) were females.

On the other hand, of the total 494 participants, 14.1% (n=70) identified themselves as lesbians; 41.9% (n=208) identified themselves as gays; 43.5% (n=216) identified themselves as bisexuals; and .4% (n=2) identified themselves as transgender.

**Table 1.** Demographic profiles of the participants

| **Demographics** | **N** | **Frequency** |
|---|---|---|
| Gender | | |
| Male | 363 | 73.5% |
| Female | 131 | 26.5% |
| Sexual Orientation | | |
| Lesbian | 70 | 14.1% |
| Gay | 208 | 41.9% |
| Bisexual | 216 | 43.5% |
| Transgender | 2 | .4% |
| Age | | |
| 14-19 | 23 | 4.6% |
| 20-24 | 89 | 17.9% |
| 25-29 | 194 | 39.0% |
| 30-34 | 113 | 22.7% |
| 35-39 | 35 | 7.0% |
| 40-44 | 17 | 3.4% |
| 45-49 | 12 | 2.4% |
| 50 and above | 14 | 2.8% |
| Region | | |
| Ashanti | 63 | 12.7% |
| BA | 41 | 8.3% |
| Central | 60 | 12.1% |
| Eastern | 59 | 11.9% |
| Greater Accra | 98 | 19.8% |
| Northern | 40 | 8.1% |
| Upper East | 13 | 2.6% |
| Upper West | 15 | 3.0% |
| Volta | 71 | 14.3% |
| Western | 36 | 7.3% |
| Geographical Location | | |
| Urban | 399 | 89.7% |
| Rural | 46 | 10.3% |
| Working status | | |
| Working full-time | 241 | 48.9% |
| Working part-time | 87 | 17.6% |
| Unemployed | 96 | 19.5% |
| Retired | 12 | 2.4% |
| House-wife/husband | 12 | 2.4% |
| Student/Pupil | 33 | 6.7% |

| | | |
|---|---|---|
| Self Employed | 12 | 2.4% |
| Educational Level | | |
| No formal school | 13 | 2.6% |
| Primary school | 23 | 4.7% |
| Junior High School | 46 | 9.3% |
| Senior High School | 140 | 28.5% |
| Technical/Vocational Training/Diploma | 157 | 31.9% |
| University Graduate | 78 | 15.9% |
| Post Graduate | 27 | 5.5% |
| MSLC | 8 | 1.6% |
| Ethnic group | | |
| Akan | 232 | 46.8% |
| Ga/Dangme | 103 | 20.8% |
| Ewe | 72 | 14.5% |
| Guan | 12 | 2.4% |
| Mole-Dagbani | 30 | 6.0% |
| Grusi | 13 | 2.6% |
| Gruma | 14 | 2.8% |
| Mande | 3 | .6% |
| Fante | 17 | 3.4% |

The participants were from the 14 years and above, with 4.6% (n=23) between the ages of 14-19 years; 17.9% (n=89) between the ages of 20-24 years; 39.0% (n=194) between the ages of 25-29 years; 22.7% (n=113) between the ages of 30-34 years; and 15.7% were 35 years and above. Of the regional distribution of the participants, majority (19.8%) were from the Greater Accra Region; 14.3% (n=71) were from the Volta Region; 12.7% (n=63) were from the Ashanti Region; 12.1% were from the Central Region; and 11.9% were from the Eastern Region. Less than 10.0% were from the Northern (8.1%), Upper East (2.6%), Upper West (3.0%), and Western (7.3%) Regions. Regarding geographical location, majority of the participants (89.7%) were located in the urban areas, while 10.3% were found in the rural areas. About 49% of the participants declared themselves as working full-time, 17.6% reported as working part-time, while 19.5% of the participants declared themselves as unemployed. However, 2.4% of the declared themselves as retired workers, house-wife/house-husband, and self-employed, respectively, while 6.7% (n=33) reported as being students/pupils.

Nearly 29% of the participants had completed senior high school, 31.9% had Technical/Vocational Training/Diploma, 15.9% had university undergraduate degree, and 5.5% had university post-graduate degree. Meanwhile, 9.3% (n=46) had primary education, 1.6% (n=8) had middle school living certificate education, while 2.6% (n=13) had no formal education. With respect to ethnicity, 46.8 % (n= 232) considered themselves to be Akans, 20.8% (n=103) considered themselves to be Ga/Dangme, while 14.5% considered themselves to be Ewes. However, 2.4% (n=12) regarded themselves as Guans, 6.0 % (n=30) regarded themselves as Mole-Dagbani, 2.6 % (n=13) regarded themselves as Grusi, 2.8% (n=14) regarded themselves as Gruma, and 3.4% (n=17) regarded themselves as Fantes.

**Discriminations and abuses faced by LGBTs in ghana**

Table 2 shows the mean, standard deviation and the p-values of one-way analysis of variance (ANOVA) of the various forms of discrimination and abuses faced by the LGBTs in Ghana. As shown in the table, the findings of the study indicated that the legal environment (M=4.1, SD=1.02), the social climate (M=3.6, SD=0.87), and the working environment (M=3.2, SD=1.11)

of the country highly discriminate against LGBTs in Ghana. On the other hand, the findings of the study revealed that the religious environment (M=2.7, SD=1.32), the health environment (M=2.4, SD=1.03), the housing environment (M=2.7, SD=1.23), and the family environment (M=2.7, SD=1.16) moderately discriminate against the LGBTs in Ghana. The results of the one-way analysis of variance (ANOVA) as shown in the table indicates that significant differences exist among the sexual orientation with regards to the discrimination and abuses faced by the LGBTs in Ghana. The one-way analysis of variance (ANOVA) showed significant difference among the sexual orientation with regards to employment discrimination and abuses, F (3,492) =2.702, p<.05). As shown in the table, with regards to employment discrimination and abuses, lesbians (M=3.3, SD=1.11) and gays (M=3.3, SD=1.17) were found to experience employment discrimination and abuses more than the bisexuals (M=3.0, SD=1.03) and the transgender (M=2.1, SD=1.59). Lesbians (M=3.4, SD=1.11) and gays (M = 3.0, SD = 1.32) were found to experience religious discrimination and abuses more than the bisexuals (M = 2.3, SD = 1.22) and the transgender group (M = 3.3, SD = 1.11). On the other hand, lesbians (M = 2.9, SD = 0.88) and gays (M = 2.5, SD = 1.08) reported to experience health discrimination and abuses more than the bisexuals (M = 2.2, SD = 0.96) and the transgender (M = 1.8, SD = 1.13). In terms of housing discrimination and abuses, the one-way analysis of variance showed a significant difference among the LGBTs, F (3,489) = 9.571, p < .05). Lesbians (M = 3.3, SD = 1.20) and gays (M = 2.9, SD = 1.36) reported to experience housing discrimination and abuses more than their bisexual (M = 2.5, SD = 1.02) and transgender counterparts (M = 1.6, SD = .088). In the family setting, the results of the one-way analysis of variance revealed a significant difference in the discrimination and abuses among the LGBT individuals, F (3,492) = 6.676, p <.05. Lesbians (M = 3.2, SD = .097) and gays (M = 2.8, SD = 1.16) were found to experience more of the family discrimination and abuses than their bisexual (M = 2.5, SD = 1.18) and transgender (M = 1.7, SD = 0.94) counterparts.

### General health status of LGBTs in ghana

Table 3 shows the frequencies of cross tabulations of the general health conditions of LGBTs by their sexual orientation. Out of a total of 480 LGBTs who participated in the study, 33 (7.3%) described their health to be in poor condition, while 72(16.0%) considered their health to be in fair condition. However, a significant proportion of the participants 218(48.3%) considered themselves to be in good health condition, while 77(17.1%) described themselves to be in a very good health condition. Meanwhile, 51(11.3%) of the participants indicated that they in an excellent health condition. In terms of sexual orientation of the participants, the gays were found to be in poor – 23(5.1%) health condition than the rest of the sexual orientation individuals. On the other hand, the bisexuals were found to be in good – 130(28.8%) health conditions than the lesbians, gays and the transgender.

### Mental health conditions of LGBTS in ghana

Table 4 shows the mean, standard deviation and the p-values of one–way ANOVA of the mental health conditions of the LGBTs.

**Table 2.** Mean, standard deviation and the p-values of one-way ANOVA of the discrimination and abuses of LGBTs

| Discrimination and abuses | Sexual Orientation | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Lesbian | | Gay | | Bisexual | | Transgender | | Total | | |
| | M | SD | M | SD | M | SD | M | SD | M | SD | p-value |
| Legal | 4.1 | 1.08 | 4.1 | 1.11 | 4.1 | 0.90 | 3.3 | 1.34 | 4.1 | 1.02 | 0.696 |
| Social | 3.7 | 1.01 | 3.6 | 0.98 | 3.6 | 0.70 | 3.6 | 0.59 | 3.6 | 0.87 | 0.449 |
| Employment | 3.3 | 1.11 | 3.3 | 1.17 | 3.0 | 1.03 | 2.1 | 1.59 | 3.2 | 1.11 | 0.045 |
| Religious | 3.4 | 1.11 | 3.0 | 1.32 | 2.3 | 1.22 | 1.6 | 0.85 | 2.7 | 1.32 | 0.000 |
| Health | 2.9 | 0.88 | 2.5 | 1.08 | 2.2 | 0.96 | 1.8 | 1.13 | 2.4 | 1.03 | 0.000 |
| Housing | 3.3 | 1.20 | 2.9 | 1.36 | 2.5 | 1.02 | 1.6 | 0.88 | 2.7 | 1.23 | 0.000 |
| Family | 3.2 | 0.97 | 2.8 | 1.16 | 2.5 | 1.18 | 1.7 | 0.94 | 2.7 | 1.16 | 0.000 |

**Table 3.** Cross tabulations of general health conditions of LGBTs by Sexual Orientation

| General health conditions | Sexual Orientation | | | | Total |
|---|---|---|---|---|---|
| | *Lesbian* | *Gay* | *Bisexual* | *Transgender* | |
| Poor | 5 (1.1%) | 23(5.1%) | 5(1.1%) | - | 33(7.35) |
| Fair | 28(6.2%) | 37(8.2%) | 7(1.6%) | - | 72(16.0%) |
| Good | 12(2.7%) | 75(16.6%) | 130(28.8%) | 1(.2%) | 218(48.3%) |
| Very good | 14(3.1%) | 31(6.9%) | 32(7.1%) | - | 77(17.1%) |
| Excellent | 4(.9%) | 22(4.9%) | 24(5.3%) | 1(.2%) | 51(11.3%) |

**Table 4.** Mean, standard deviation and the p-values of one-way ANOVA of the mental health conditions of LGBTs

| Mental health conditions | Sexual Orientation | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | *Lesbian* | | *Gay* | | *Bisexual* | | *Transgender* | | *Total* | | |
| | M | SD | M | SD | M | SD | M | SD | M | SD | p-value |
| Somatization | .90 | 0.60 | 1.0 | 0.70 | 1.3 | .79 | 0.7 | 0.99 | 1.1 | 0.75 | .000 |
| Depression | .80 | 0.68 | 1.0 | 0.75 | 1.2 | .72 | 0.6 | 0.85 | 1.0 | 0.74 | .000 |
| Anxiety | 1.2 | 0.70 | 1.1 | 0.83 | 1.3 | .89 | 0.6 | 0.31 | 1.2 | 0.84 | .000 |
| GSI | 1.0 | 0.50 | 1.0 | 0.67 | 1.3 | .72 | 0.6 | 0.51 | 1.1 | 0.68 | .000 |

As clearly noticed in the table the LGBTs reported that they experienced somatization (M=1.1, SD =.075), depression (M = 1.0, SD=.074), and anxiety (M=1.2, SD=.084) several days. The Global Severity Index, which measures a patient's severity-of-illness and also the overall psychological distress level indicated that the LGBTs suffered from somatization, depression and anxiety (M = 1.1, SD = 0.68) several days. The results from the one-way ANOVA shows a significant level of incidence of somatization, depression and anxiety among the LGBTs ($p<.05$). Bisexuals (M = 1.3, SD = .79) and gays (M = 1.0, SD = .70) were found to experience somatization several days than the lesbians (M = .90, SD = .60) and transgender group (M = .70, SD = .99). On the other hand, the bisexuals (M = 1.2, SD = .72) and gays (M = 1.0, SD = .75) on several days got depressed than the lesbians (M = .80, SD = .68) and transgender (M = .60, SD = .31). Meanwhile, the bisexuals (M = 1.3, SD = .89), gays (M = 1.1, SD = .89) and the lesbians (M = 1.2, SD = .70) were found to experience more anxiety than their transgender counterpart. The Global Severity Index (GSI) also indicated that the bisexuals (M = 1.3, SD = .72), gays (M = 1.0, SD = .67) and the lesbians (M = 1.0, SD = .50) for several days experienced mental disorders than their transgender counterparts

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**Table 5.** Regression estimates showing the impact of the discrimination and abuses on the mental and general health conditions of LGBTs in Ghana

| Independent Variables (Discrimination and Abuses) | Mental Health Conditions | | | General Health Conditions |
|---|---|---|---|---|
| | *Model 1* | *Model 2* | *Model 3* | *Model 4* |
| | DV: Somatization | DV: Depression | DV: Anxiety | DV: General Health |
| Legal | .080** | .021 | .102** | -.281 |
| Social | -.128*** | -.167*** | -.046 | .068*** |
| Employment | .420*** | .356*** | .320*** | .008 |
| Religious | -.281*** | -.251*** | -.310*** | -.153** |
| Health | .042 | .068 | -.076 | .306*** |
| Housing | -.054 | -.152*** | .064 | -.120 |
| Family | -.001 | .084** | .101*** | -.078 |

| | | | | |
|---|---|---|---|---|
| *F* | 32.696*** | 17.997*** | 15.694*** | 7.418*** |
| *R* | .567 | .456 | .431 | .326 |
| *R Square* | .322 | .208 | .186 | .106 |
| *Adj. R* | .312 | .196 | .174 | .092 |
| *Constant* | .768 | 1.139 | .537 | 4.185 |
| *N* | 490 | 489 | 490 | 466 |

** $p<0.05$; *** $p<0.01$

**Impact of Discrimination and Abuses on the Mental and General Health Conditions of LGBTS**

Table 5 shows the simple linear regression estimates of the impact the discrimination and abuses faced by the LGBTs have on their mental and general health conditions. As shown in the table, the ordinary simple linear regression analysis results revealed that social discrimination and abuses$(\beta = -.128, p < .05)$, and religious discrimination and abuses$(\beta = -.281, p < .05)$ had a negative impact on the psychological distress of somatization. However, legal discrimination and abuses $(\beta = .080, p < .05)$, and employment discrimination and abuses$(\beta = 420, p < .05)$ had a positive impact on the psychological distress of somatization of the LGBTs. This implies that as the legal and employment challenges increases, the psychological distress of somatization of the LGBTs also increases, and vice versa. The results also showed that, social challenges$(\beta = -.167, p < .05)$, religious discrimination and abuses$(\beta = -.125, p < .05)$, and housing discrimination and abuses$(\beta = -.151, p < .05)$ had a negative impact on the psychological distress of depression of the LGBTs. This implies that social, religious and housing discrimination and

abuses do not have any significant negative effect on the psychological distress of depression of the LGBT. Meanwhile, employment discrimination and abuses$(\beta = .356, p < .05)$ and family discrimination and abuses $(\beta = .084, p < .05)$ were found to have a positive impact on the psychological distress of depression of the LGBTs. The results of the study also revealed that religious discrimination and abuses$(\beta = -.130, p < .05)$ had a negative impact on the psychological distress of anxiety of the LGBTs. This means that the religious discrimination and abuses faced by the LGBTs does not affect the anxiety of the LGBTs. This is not surprising as majority of the LGBTs are non-religious. However, legal discrimination and abuses $(\beta = .102, p < .05)$, employment discrimination and abuses $(\beta = .320, p < .05)$, and family discrimination and abuses $(\beta = .101, p < .05)$, were found to have a positive impact on the psychological distress of anxiety of the LGBTs. This implies that as the legal, employment, and family discrimination and abuses increases, the anxiety of the LGBTs also increases. Thus, the legal, employment, and family challenges affects the psychological distress of anxiety of the LGBTs. The results of the ordinary simple linear regression analysis also revealed that religious discrimination and abuses $(\beta = -.153, p < .05)$ had a negative impact on the general health of the LGBTs. This implies that as religious discrimination and abuses increases, the general health condition of the LGBTs decreases. Thus, religious challenges lead to the deterioration of the general health conditions of the LGBTs. This could explain the reason why most of the LGBTs have decided not to be religiously affiliated. On the other hand, the results of the study revealed that social discrimination and abuses $(\beta = .068, p < .05)$, and health discrimination and abuses $(\beta = .306, p < .05)$ does not lead to the deterioration of the general health conditions of the LGBTs.

## Discussion

The aim of the study was to determine the various forms of discriminations and abuses faced by the LGBT individuals in Ghana, the mental and the general health conditions of the LGBT individuals in Ghana and the impact the discrimination and abuses have on the mental and the general health conditions of the LGBT individuals in Ghana. The findings of the study revealed that the LGBTs in Ghana face various forms of discrimination and abuses ranging from legal, social, employment, religious, health, housing to family discrimination and abuses. The findings of the study indicated that the major forms of discrimination and abuses faced by the LGBTs are of legal, social and employment forms. This finding is corroborated by the fact

that, in Ghana, homophobic comments, as well as physical assault and verbal abuse from the general public directed towards LGBTs are very common. For instance, the term “Obaa barima” meaning woman man, “Kodjo Besia”, which also literally means man woman (Kodjo, a name for boy born on Monday and Besia, which means female), “Supi”(lesbianism, which is also thought to be the affectionate ties pubescent girls forge at boarding-schools), “trumutu” (men who sleep with men) are all local terms used to stigmatize LGBTs by the general public (Allotey, 2015 and Søgaard, 2013).This atmosphere in which LGBTs find themselves in Ghana could be attributed largely in part to the law that discriminates against the LGBTs in the country.

The results of the study revealed significant differences in the discrimination and abuses based on the sexual orientation of the LGBTs. Statistically significant differences were found in among the sexual orientations of the LGBTs in terms of employment, religious, health, housing and family discrimination and abuses. The gays and lesbians were found to experience more of these discrimination and abuses more than their bisexual and transgender counterparts. This revelation is not surprising as majority in Ghana assumes that once a person is married to the opposite sex he or she cannot engage in such acts and so their attention is focused much more on those who are not married. They can easily ascribe to these unmarried people as gays or lesbians more than the married ones. These findings are supportive of previous findings. Drydakis (2014) found that gay and lesbian employees report more incidents of harassment and are more likely to report experiencing unfair treatment in the labour market than heterosexual employees. On the other hand, the gays and the lesbians are easily identifiable and are the main targets of Ghanaian, than the other sexual minorities. In fact, the bisexuals, because of their attraction to both male and female are not easily suspected and as such are safer than the gays and the lesbians, who are attracted to the single same sex. According to SEN (2010), the situation of LGBT people in the labour market is influenced by the general social and legal context. The public opinion towards LGBT people is negative, and that openness within a society towards different sexual orientations is the key to greater equality for LGBT people in the labour market. A research study conducted by Pew Research Center (2013) found that many LBGT adults see major religious institutions as unfriendly toward them, and about three-in-ten LGBT adults (29%) say they personally have been made to feel unwelcome in a church or religious organization. Gay men and lesbians were found somewhat more inclined than bisexual adults, especially bisexual women, to see a conflict between their religious beliefs and their sexual orientation. Roughly three-in-ten gay men (29%) and lesbians (31%) say there is a conflict, compared with a fifth (21%) of bisexual adults.

Contrary to the belief that LGBTs have poorer health status as a result of social stigmatization and internalized homophobia, as anti-LGBT attitudes are integrated into their self-perception that lead to health problems (Melo, Perilo, Braz & Pedrosa, 2011; Barbosa, Facchini, 2009; Araújo, Saraiva, Galvão, & Albuquerque, 2006) the finding of this study revealed that majority of the LGBTs had a general good health condition. One explanation for this finding is that the existence of internal and external homophobia implies the displacement of the LGBT population, in cases of illness, to pharmacies first. The LGBT population turn to health units only when the resolution becomes unsuccessful (Gutiérrez, 2007). Self-medication allows the disappearance of diseases, with search for health units only when conditions are very critical. This attitude permeates in almost all the sexual orientations including among heterosexuals in Ghana.

The results show that the LGBT individuals in Ghana experience somatization, depression, and anxiety several days. The Global Severity Index, which measures a patient's severity-of-illness and also the overall psychological distress level indicated that the LGBTs suffered from somatization, depression and anxiety several days. Moreover, a significant level of incidence of somatization, depression and anxiety was recorded among the LGBTs. Bisexuals and gays were found to experience somatization several days than the lesbians and transgender group. On the other hand, the bisexuals and gays on several days got depressed than the lesbians and transgender. Meanwhile, the bisexuals, gays and the lesbians were found to experience more anxiety than their transgender counterpart. These findings supports previous research findings on mental health of LGBT population, which reveals that people engaging in same-gender sexual

behaviour and/or identifying as LGBT are at higher risk for mental health disorders, including depression, anxiety, substance abuse, and suicide ideation and attempts (Cochran, 2001, 2003, 2007; Gilman et al., 2001; Sandfort, de Graaf, Bijl, & Schnabel, 2001; Balsam, *et al*., 2005; Cochran and Mays, 2000; D'Augelli, 2002; Espelage, Aragon, Birkett, & Koenig, 2008).

Evidence from previous studies, which the finding of this study also supports, suggests that compared with their other homosexuals, gay men suffer more from mental health problems including substance use disorders, affective disorders, and suicide (Cochran, 2001; Gilman et al., 2001;Sandfort, de Graaf, Bijl, & Schnabel, 2001; Bontempo & D'Augelli, 2002; Eisenberg & Resnick, 2006; Espelage et al., 2008; Fedewa & Ahn, 2011; Feinstein, Goldfried, & Davila, 2012; Russell, Ryan, Toomey, Diaz, & Sanchez, 2011; Ueno, 2005). These mental health disparities among these LGBT individuals have been explained by the direct experiences of stigma, prejudice, and discrimination that create a stressful social environment for these individuals (Friedman, 1999 as cited in Meyer, 2003; D'Augelli, 2002; Espelage, Aragon, Birkett, & Koenig, 2008; Fedewa & Ahn, 2011; Katz-Wise & Hyde, 2012).

The results of the study suggest that the social and religious discrimination and abuses does not have a negative impact on the psychological distress of depression, somatization and anxiety of the LGBTs. This implies that as the social and religious discrimination and abuses increases, it does not have any significant effect on the psychological distress of depression, somatization and anxiety of the LGBTs. This finding is not surprising as majority of the LGBTs interviewed in Ghana indicated their loss of faith in the pastors and the religious leaders and as such most of them are seen as not interested in religious activities. On the other hand, since the LGBTs know that everybody is against them, they have developed a tough skin, so to speak, and so the hostile social climate seems not to have a significant negative effect on them anymore. However, the legal, employment, and family discrimination and abuses faced by the LGBTs were found to have a positive impact on the psychological distress of anxiety of the LGBTs, implying that as the legal, employment, and family discrimination and abuses increased, the anxiety of the LGBTs also increased. One possible explanation for this finding, which also supports literature is that law, work, and family are among the basic needs of every human, and so if one is deprived of these basic needs then obviously it will have a negative effect on the welfare of the individual. Well-being and health are negatively affected when GLBT do not have social and family support and a sense of community (Nesmith, Burton & Cosgrove, 1999; Hershberger & D'Augelli, 1995; Turner, Pearlin & Mullan, 1998; Johnston, Stall & Smith, 1995; Watkins, 2000). Loss of support is also seen in the workplace; GLBT who experience greater heterosexism demonstrate greater job withdrawal (Waldo, 1999).

## Conclusion

Discrimination and abuses have been found to impact on the mental and the general health of LGBTs. Research on the impact of homophobia shows that individuals who identify as lesbian, gay and bisexual have a shorter life expectancy and face health risks and social problems at a greater rate compared with the general population (Banks, 2003). Based on previous studies which reveals that the discrimination and abuses faced by the LGBTs have effects on the mental as well as general health of the LGBTs, the author sought to determine the various forms of discriminations and abuses faced by the LGBT individuals in Ghana, the mental and the general health conditions of the LGBT individuals in Ghana and the impact the discrimination and abuses have on the mental and the general health conditions of the LGBT individuals in Ghana. Overcoming centuries of discriminations and abuses faced by LGBTs requires more than the passing of laws. As with many social and political movements, including the anti-sexual violence movement, multiple strategies are needed to create significant social change. This study was carried out to help policy makers, stakeholders, the media and the general public, especially in Ghana, to get to know the issues at stake as far as the discrimination and abuses of LGBTs in Ghana are concerned so that informed decisions geared towards social change can be made. Recruiting the participants of the study through a non-probability sampling technique of Snow-ball, the results of the study corroborate with some of the findings of previous studies. The results of the present study reveal that, LGBTs in Ghana face various forms of discrimination and abuses

including legal, social, employment, religious, health, housing, and family discrimination and abuses. The main forms of discrimination and abuses faced by the LGBTs in Ghana are of legal social, and employment forms. There are significant differences in the discriminations and on the mental and general health of the LGBTs. Most these discrimination and abuses are found to have a significant negative impact on the mental health conditions of the LGBTs more than on the general health conditions of the LGBTs. One possible explanation for this finding, which is also supported by literature, is that discrimination and abuses give room for self-medication, which allows for the disappearance of diseases, with search for health units only when conditions are very critical. This implies that the only time the LGBTs feel that they are in real danger is when they experience mental health conditions, which in this case, is not easy to turn to pharmacies for drugs except to seek professional medical attention. The results of the study also revealed that LGBT individuals in Ghana experience somatization, depression, and anxiety several days. The Global Severity Index, reveals that LGBT individuals in Ghana suffer from somatization, depression and anxiety for several days.

These findings suggest the immediate passage of laws and policies in Ghana protecting the rights, legal benefits and privileges of all people regardless of their sexual orientation, gender identity or gender expression. There should also be increased awareness of the broader social and legal context in which LGBT people find themselves in Ghana. This will help to alleviate the stigmatization and discrimination LGBTs face. The seriousness of the mental health conditions among LGBTs in Ghana calls for a serious intervention by all and sundry. If not, an individual having the feeling of "gayism", "lesbianism", or "bisexualism" could result in suicidal tendencies. This is because it is difficult for LGBT individuals to voice out their feelings publicly, even to their family members and close friends, as a result of the anti-LGBT environment LGBTs find themselves in. The author based on the findings of this study also recommends the provision of high-quality mental and medical health care treatment for all people and, therefore, expects all medical facilities and staff to provide appropriate, nondiscriminatory treatment to all people, regardless of their sexual abuses faced by the LGBTS based on their sexual orientation. The gays and lesbians are found to experience most of these discrimination and abuses more than their bisexual and transgender counterpart. The discrimination and abuses faced by the LGBTS are found to have a negative effect orientation, gender identity or gender expression. The author also recommends the creation of a welcoming and affirming environment for LGBTs by creating an office space and (or) hospital unit that affirms people's identity.

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